

HERITAGE HILLS HEALTH CARE CT PROVIDER #: 465107 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
1100 NORTH 400 EAST PHONE NUMBER: (435) 623-1721 TOTAL: 80  
NEPHI UT 84648 PARTICIPATION DATE: 12/22/1986 CERTIFIED: 80 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/29/2003	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 80			
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TOTAL: 49	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 2	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 40			80		
OTHER: 7					

CURRENT SURVEY REVISIT DATES - 12/23/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
08/2000		11/2001		09/2002		10/29/2003			
X	D								REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	E			X C	D	12/19/2003	REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
				X	B	X C	E	12/19/2003	REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
X	E			X	B				REQ F0241-DIGNITY
X	E								REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	D						REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
X	B								REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	D								REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
		X	E			X C	E	12/19/2003	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
									REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E								REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
				X	D	X C	D	12/19/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
									REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	B	X C	E	12/19/2003	REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
									REQ F0444-WASH HANDS WHEN INDICATED
X	D			X	E				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
									REQ F0494-NURSE AIDE TRAINING/COMPETENCY
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY	85 NEW PRIOR 2 SURVEY	85 NEW PRIOR 1 SURVEY	2000 EXIS CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
07/2000	10/2001	09/2002	11/06/2003		
	X				K0018-CORRIDOR DOORS
			X C	02/25/2004	K0029-HAZARDOUS AREAS - SEPARATION

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

HERITAGE HILLS HEALTH CARE CT

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EDITION OF LSC APPLIED

85 NEW	85 NEW	85 NEW	2000 EXIS	PLAN/DATE
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	OF CORRECTION
SURVEY	SURVEY	SURVEY	SURVEY	
07/2000	10/2001	09/2002	11/06/2003	
X				
		X		
		X	X N	
		X		
			X P	01/01/2004
X	X			
			X P	01/01/2004

LSC DEFICIENCIES - BLDG NO. 01

K0038-EXIT ACCESS  
K0050-FIRE DRILLS  
K0056-AUTOMATIC SPRINKLER SYSTEM  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0073-FLAMMABLE FURNISHINGS  
K0130-OTHER  
K0144-GENERATRS INSPECTED/TESTED

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TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	5	5	3	7
HEALTH TOTAL	5	5	3	7
LIFE SAFETY CODE	4	4	3	0
LIFE SAFETY CODE + HEALTH	9	9	6	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
08/28/2002	UNSUBSTANTIATED
08/29/2002	UNSUBSTANTIATED
08/06/2003	UNSUBSTANTIATED
10/29/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY